

# Ventriculostomy Dressing Changes.

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# Ventriculostomy Dressing Changes

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## Background & Significance

- ❖ Personal experience caring for a patient with a ventriculostomy related infection.
- ❖ LVHN's protocol advocates dressing changes when compromised. Current practice does not coincide with AANN clinical practice guidelines regarding proper routine maintenance of EVD's.
- ❖ Project Purpose: Transition to the American Association of Neuroscience Nurses clinical practice guideline for the care and routine maintenance of External ventricular devices (EVD) (AANN, 2011).

## Evidence

- ❖ EVD related infections inflate healthcare costs, impede quality care, and diminish the community's value and perception of healthcare due to increased rates of morbidity and mortality (Flint, Rao, et al, 2013).
- ❖ Many hospitals do not have strict protocols for the placement of EVDs or how they are properly managed.
- ❖ Provider preferences ranged across a plethora of different EVD insertion and maintenance guidelines (Herbert, Barnett, et al, 2016) including:
  1. EVD manipulation
  2. Abx prophylaxis post insertion
  3. # & times of CSF sampling
  4. Duration of Dressing changes
  5. When/If EVD exchange occurred
  6. Educational programs
  7. Surveillance

## PICO Question

- ❖ In neurologically injured patients with a ventriculostomy, will education of change in practice as recommended in AANN guidelines for EVD dressing compared to no education facilitate RN compliance with using best practice recommendations of AANN

## Current Practice

- ❖ The initial ventriculostomy dressing will be changed only if the existing Tegederm dressing is wet, non-occlusive, or visibly soiled.
- ❖ The terminology of non-occlusive is nonspecific. Non-occlusive may refer to the integrity of the dressing perimeter or when dressing will no longer bond to the skin due to hair growth under dressing.

## Methods to Achieve Goal

- ❖ Consult with subject matter experts to approve policy change.
- ❖ Outline policy change as dressing change every 3 days
- ❖ Adjust/develop an order for dressing change every 3 days
- ❖ Develop education for clinical staff outlining evidence and practice changes

## Outcomes

- ❖ Audit/ Monitor compliance with scheduled dressing change.
- ❖ Propose EPIC work list trigger for dressing change due dates.

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